MERITER HEALTH CENTER 334 WEST DOTY STREET

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Ownershi p: Non-Profit Corporation MADISON 53703 Phone: (608) 283-2100 Highest Level License: Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes Yes Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 120 Yes Total Licensed Bed Capacity (12/31/01): 120 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 116 Average Daily Census: 115

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	38. 8
Supp. Home Care-Personal Care	No					1 - 4 Years	44. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 9	Under 65	6.0	More Than 4 Years	17. 2
Day Services	No	Mental Illness (Org./Psy)	6. 0	65 - 74	6. 9		
Respite Care	No	Mental Illness (Other)	2. 6	75 - 84	24. 1		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50. 9	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.9	95 & 0ver	12. 1	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	2. 6	ĺ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	2.6		100. 0	(12/31/01)	
Other Meals	Yes	Cardi ovascul ar	12. 9	65 & 0ver	94. 0		
Transportati on	No	Cerebrovascul ar	21.6			RNs	14. 2
Referral Service	No	Di abetes	5. 2	Sex	%	LPNs	19. 9
Other Services	Yes	Respiratory	5. 2			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	39. 7	Male	21.6	Aides, & Orderlies	30. 5
Mentally Ill	No	ĺ		Female	78.4		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No	, , , , , , , , , , , , , , , , , , , ,	****	*****	100.0	· • • • • • • • • • • • • • • • • • • •	. ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓

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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	<b>;</b>		amily Care		]	Managed Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi- dents	0f
Int. Skilled Care	17	100. 0	258	0	0. 0	0	0	0. 0	0	7	10. 9	175	0	0. 0	0	4	100. 0	271	28	24. 1
Skilled Care	0	0.0	0	31	100.0	112	0	0.0	0	51	79. 7	166	0	0.0	0	0	0.0	0	82	70. 7
Intermedi ate				0	0.0	0	0	0.0	0	3	4. 7	161	0	0.0	0	0	0.0	0	3	2. 6
Limited Care				0	0.0	0	0	0.0	0	3	4. 7	161	0	0.0	0	0	0.0	0	3	2. 6
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	17	100.0		31	100.0		0	0.0		64	100.0		0	0.0		4	100.0		116	100. 0

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period		ή					
8 1 8		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	0.8	Daily Living (ADL)	Independent	One (	r Two Staff	Dependent 1	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0.0		89. 7	10. 3	116
Other Nursing Homes	0.8	Dressi ng	7. 8		74. 1	18. 1	116
Acute Care Hospitals	97. 7	Transferring	6. 9		67. 2	25. 9	116
Psych. HospMR/DD Facilities	0.4	Toilet Use	12. 1		62. 1	25. 9	116
Rehabilitation Hospitals	0.0	Eati ng	64. 7		29. 3	6. 0	116
Other Locations	0.4	********	******	******	**********	*********	******
Total Number of Admissions	262	Conti nence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	8. 6	Receiving R	lespi ratory Care	12. 1
Private Home/No Home Health	19. 3	Occ/Freq. Incontinent	t of Bladder	<b>68</b> . 1	Recei vi ng T	racheostomy Care	0. 0
Private Home/With Home Health	35. 5	Occ/Freq. Incontinent	t of Bowel	33. 6	Receiving S	Sucti oni ng	0. 0
Other Nursing Homes	3. 1				Receiving 0	Stomy Care	3. 4
Acute Care Hospitals	8. 1	Mobility			Recei vi ng T	ube Feeding	2. 6
Psych. HospMR/DD Facilities	0.4	Physically Restrained	i	8. 6	Receiving M	Mechanically Altered Diets	15. 5
Rehabilitation Hospitals	0.4						
Other Locations	17. 4	Skin Care			Other Resider	nt Characteristics	
Deaths	15.8	With Pressure Sores		10. 3	Have Advance	ce Directives	<b>56.</b> 9
Total Number of Discharges		With Rashes		8. 6	Medi cati ons		
(Including Deaths)	259				Recei vi ng F	Sychoactive Drugs	<b>55. 2</b>

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Other Hespital

	Thi s	Other Hos	spi tal -		Al I
	Facility	Based Faci	lities	Fa	cilties
	%	% I	Ratio	%	Rati o
Occupancy Rate: Average Daily Census/Licensed Beds	95. 8	88. 1	1. 09	84. 6	1. 13
Current Residents from In-County	91. 4	83. 9	1. 09	77. 0	1. 19
Admissions from In-County, Still Residing	15. 6	14. 8	1.06	20. 8	0. 75
Admissions/Average Daily Census	227. 8	202. 6	1. 12	128. 9	1. 77
Discharges/Average Daily Census	225. 2	203. 2	1. 11	130. 0	1. 73
Discharges To Private Residence/Average Daily Census	123. 5	106. 2	1. 16	52. 8	2. 34
Residents Receiving Skilled Care	94. 8	92. 9	1. 02	85. 3	1. 11
Residents Aged 65 and Older	94. 0	91. 2	1. 03	87. 5	1. 07
Title 19 (Medicaid) Funded Residents	26. 7	66. 3	0. 40	68. 7	0. 39
Private Pay Funded Residents	55. 2	22. 9	2. 41	22. 0	2. 51
Developmentally Disabled Residents	0. 9	1. 6	0. 55	7. 6	0. 11
Mentally Ill Residents	8. 6	31. 3	0. 28	33. 8	0. 26
General Medical Service Residents	39. 7	20. 4	1. 94	19. 4	2.04
Impaired ADL (Mean)*	49. 5	49. 9	0. 99	49. 3	1.00
Psychological Problems	55. 2	53. 6	1. 03	51. 9	1.06
Nursing Care Required (Mean)*	6. 6	7. 9	0. 83	7. 3	0. 90